



# FOOD SCOOP

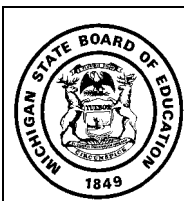
“A Michigan Food & Nutrition Program Edition”

**January 2001**

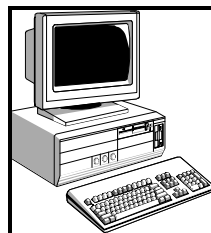
Issue No. 5

## INSIDE THIS ISSUE:

### FEATURE ARTICLES



**Regulatory  
Issues  
Page 2**



**MEIS Updates  
Page 4**

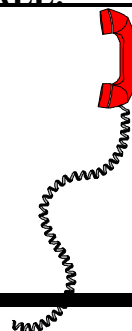
### Attachments

### Page

Calendar of Events	5
Statewide Training Course Descriptions	6
On-Site Review Form	7-8
Statewide Training Schedule	9-10
Statewide Training Registration Form	11-12
New Directors Training Survey	13
NFSMI-Teleconference Flyer	14
2001 Leadership Seminar Agenda	15
Manager Self-Inspection Checklist & Order Form	16-18

### NEED ASSISTANCE CALL:

School Meals Program	(517) 373-3347
Food Distribution	(517) 373-8642
Fiscal Reporting	(517) 373-2077
Child Care Food Program	(517) 373-7391
Fax Number	(517) 373-4022





## Regulatory Issues

### ON-SITE REVIEWS

Don't Forget.....ON-SITE REVIEWS are due soon!

The National School Lunch Program regulations (7CFR 210.8 (a) (1)). require that no less than one on-site review be completed for each building in a district with more than one site before *February 1<sup>st</sup>* of each school year. Documentation of completed on-site reviews are then kept on file in the district and reviewed by the Field Representative during the NSLP Coordinated Review Effort (CRE).

A prototype of a form that can be used to document your on-site reviews is attached to this issue of the Food Scoop. It is labeled: SM-2909, Rev. 11/00; ON-SITE REVIEW/INSPECTIONS. This form was updated in 11/00 to reflect the current attendance factor and to note not only corrective action(s) that are needed at the site but also to indicate the date the corrective action was completed.

If you have questions about the on-site review call us at 517/373-3347 or 517/373-2077 to talk with a consultant or field representative.

### AFTERSCHOOL SNACK PROGRAM

The National School Lunch Program has been expanded to include cash reimbursement for snacks served to children in certain Afterschool Care Programs. Afterschool snacks ensure that children receive the nutrition they need to learn, play, and grow. Programs that are eligible to participate are ones that provide children with regularly scheduled activities in an organized, structured, and supervised environment. The program must operate during afterschool hours. Snacks served on weekends, holidays, during vacation periods, or before or during a child's school day are not eligible for reimbursement.

Your Afterschool Program is eligible if:

- ! your school district runs the NSLP
- ! the Afterschool Care Program provides children with regularly scheduled educational or enrichment activities in a supervised environment

The snacks must contain at least two different components of the following four:

- ! a serving of fluid milk
- ! a serving of meat or meat alternate
- ! a serving of vegetable or fruit or full strength fruit juice
- ! a serving of whole grain or enriched bread and/or cereal

Snacks served in Afterschool Care Programs that are "area eligible" will be reimbursed at the free rate, regardless of an individual student's eligibility for free or reduced price lunches. A site is "area eligible" if it is located at a school or in an attendance area of the school where at least 50 percent of the enrolled children are eligible for free or reduced price meals. (For example, if a high school with less than 50 percent free or reduced price school enrollment is located in the attendance area of a middle school that has 50 percent or more or enrolled children eligible for free or reduced price meals, the Afterschool

Care Program located at the high school would be area eligible.)

Snacks served in Afterschool Programs that are not area eligible will be reimbursed at the free, reduced price and paid rate depending on each individual's eligibility for free or reduced price meals. Applications that are currently on file for the NSLP also apply to the Afterschool Care Snack Program.

Reimbursement rates through June 30, 2001 are:

- Free: \$0.05
- Reduced Price: \$0.27
- Paid: \$0.55

Students may not be charged more than 15 cents for a reduced price snack.

Reimbursement may be claimed for snacks served to all children through the age of 18 in eligible Afterschool Care Programs as well as for those children who turn 19 during the school year.

Reimbursement begins the month your application is approved by the Michigan Department of Education.

Afterschool Snack Program Records that must be maintained include:

- a daily sign-in sheet for participating students
- meal attendance records:
- area eligible programs only need record the total number of snacks served daily
- non area eligible programs need to record the total number of snacks served daily by category of reimbursement
- snack menus

- production records
- free and reduced applications in non area eligible sites

It is a requirement that each Afterschool Snack Program be monitored by the school food authority two times per year. The first review must be completed during the first four weeks of snack service each school year; the second review must take place before the end of the school year. These annual reviews must assess each site's compliance with counting and claiming procedures, and the snack meal pattern. An Afterschool Snack Program On-Site Review/Inspection Form has been developed to document compliance with this regulation.

Contact MDE, Food and Nutrition Program, at (517) 373-3347 or (517) 373-0420 for further information.

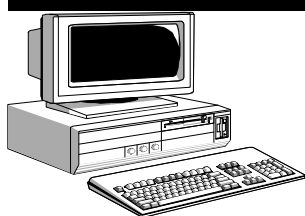
### **Hazard Analysis Critical Control Points: Manager Self-Inspection Checklist**

We are pleased to offer you the opportunity to order the latest Food Safety education material developed by the Food and Nutrition Service (FNS), the Manager's Self-Inspection Checklist Tear-Off Tablet. This checklist which has check points that correspond to Hazard Analysis Critical Control Points (HACCP) principles, is taken directly from "Serving It Safe: A Manager's Tool Kit." It is meant to be used once a week to determine areas requiring sanitation corrective action. It addresses such issues as personal hygiene, food storage, food service equipment, food handling, utensils, cleaning, pest control, etc. One copy of this checklist is attached with this issue of Food Scoop for your review.

The checklist is produced in a tear off tablet with each tablet providing 50 checklist sheets;

there are 10 tablets per plastic shrink wrap and 40 tablets per box. The Manager Self-Inspection Checklist Tear-Off Tablet is currently available FREE and can be ordered directly from the USDA Food and Nutrition Service. Supplies are limited, so use the order form included with this Food Scoop immediately!

### **MDE Website**



### **Web Updates**

---

Have you visited the MDE website recently? If not, stop by for a browse at the following link: <http://www.state.mi.us/mde/>. MDE staff have been working on the redesign to make it more user friendly. Remember to check out the School Support Services link for important updates. All issues of food scoop are on line as well as other forms, training schedules/updates, etc. Many times you will find Food Scoop on-line even before the hard copy makes it to your desk. You can even bookmark or put into favorites this link:

<http://www.state.mi.us/mde/off/oss/index.htm#SchoolMeals>

Another great resource on the web is the USDA Food and Nutrition Service (FNS) website. Use the following link: <http://www.fns.usda.gov/fns/> to get up-to-date information on Child Nutrition, Team Nutrition, Food Distribution, etc.

<div>January, 2001</div> <div>CALENDAR OF EVENTS</div> <div>CHILD NUTRITION PROGRAM</div>		<div>Michigan State Board of Education</div> <div><i>Dorothy Beardmore, President</i></div> <div><i>Kathleen N. Straus, Vice President</i></div> <div><i>Herbert S. Moyer, Secretary</i></div> <div><i>Sharon Wise, Treasurer</i></div> <div><i>Sharon L. Gire</i></div> <div><i>Marianne Yared McGuire</i></div> <div><i>Michael David Warren Jr.</i></div> <div><i>Eileen L. Weiseer</i></div> <div><i>Arthur E. Ellis, Superintendent</i></div> <div><i>Governor John Engler, Ex-Officio</i></div>
January, 2001		
10	December Monthly Claim Due	
30	Cut-off for November Monthly Claim	
February, 2001		
10	January Monthly Claim Due	
22-23	2001 Leadership Seminar - Kellogg Center, East Lansing	
March, 2001		
1	Cut-Off for December Monthly Claim	
10	February Monthly Claim Due	

# Grain Based Desserts 201

## **LESSON 1**                      **- Preparing Grain Based Desserts**

*Goals: To understand the basic techniques and principles of baking grain based desserts*

*Outcomes: Participants will become familiar with baking terminology. Understand the functions of ingredients used in baking. Calculate how to determine if a product meets a child nutrition serving. Prepare and evaluate a quality grain based dessert. Identify characteristics of baked products.*

# Salads and Salad Dressings 202

## **LESSON 1**                      **- Salads and Salad Dressings**

*Goals: Learn principles and practices of quality and quantity salad production including the use and care of knives.*

*Outcomes: Participants will identify basic equipment needs for salad preparation. Become familiar with salad preparation and proper storage. Prepare salads and dressing and evaluate. Plan, organize, and set up a salad bar.*

# Catering 203

## **LESSON 1**                      **- Catering**

*Goals: To learn basic principles and practices of establishing and maintaining a successful catering operation.*

*Outcomes: Participants will become familiar with the basic equipment used in a successful catering operation. Become familiar with an array of different recipes used in catering. Plan, organize and set up a meal designed for catering. Practice various napkin folds. Practice setting a table for American Style Service. Prepare and evaluate upscale food items designed for catering functions. Evaluate a fully set buffet.*

## ON-SITE REVIEW/INSPECTIONS

NAME OF SCHOOL FOOD AUTHORITY	NAME OF BUILDING
NAME OF Review/Inspector/Administrator	DATE OF Review/Inspection

### PART I --- CRITICAL AREAS

<b>PS #1</b>	A. Are applications approved correctly? NO	No. on file _____	% in error _____	G YES	G
	Is direct certification used and documented?			G N/A	
	B. Do applications approved match names on the roster?	No. on file _____	% in error _____	G YES	G
NO	C. Is there an adequate system for consolidating school counts?			G YES	G NO
	D. Is there adequate counting/claiming at point of service?			G YES	G NO
	E. Are changes in eligibility status made within time frame?			G YES	G NO
<b>PS #2</b>	A. Are required meal component(s) available on day of review?			G YES	G NO
	B. Does menu meet meal pattern requirements?			G YES	G NO

### PART II --- GENERAL AREAS

#### 1. FOODS OF MINIMAL NUTRITIONAL VALUE

- |   |       |       |
|---|-------|-------|
| a. Are carbonated beverages, gum, hard candies and/or water ices being sold in the food service area during the lunch period? | G YES | G NO  |
| b. Is the food service account paying for those food items?   | G N/A | G YES |

#### 2. PRICING

- |   |       |      |
|---|-------|------|
| a. Is the reimbursable lunch priced as a unit (all required components for one price)?  | G YES | G NO |
| b. Are adult meals priced higher than student meals (student price, plus paid lunch Federal reimbursement, plus commodity allocation payment, plus 6% sales tax equals adult charge)? | G YES | G NO |

#### 3. PURCHASING

- |   |       |      |
|---|-------|------|
| a. Are there documented records of purchases?                       | G YES | G NO |
| b. Are price quotations obtained from at least 3 vendors?           | G YES | G NO |
| c. Are purchasing decisions based upon quality, service, and price? | G YES | G NO |

#### 4. SANITATION

- |   |       |      |
|---|-------|------|
| a. Are thermometers used to check food temperatures before and during meal service? | G YES | G NO |
| b. Are there any potentially hazardous or unsanitary conditions?                    | G YES | G NO |

#### 5. PRODUCTION RECORDS AND NUTRIENT ANALYSIS

- |   |                          |                       |
|---|--------------------------|-----------------------|
| a. Are production records completed daily for all school meals programs (school breakfast, school lunch and afterschool snack)? | G YES                    | G NO                  |
| b. Do such records document that enough food is prepared and served on a daily basis?   | G YES                    | G NO                  |
| c. Which menu planning method is used in this building?   | G NuMenus                | G Assisted NuMenus    |
|   | G Traditional Food Based | G Enhanced Food Based |
|   | G Other: _____           |                       |
| d. Do you have standardized recipes for all menu items that contain more than two ingredients?                                  | G YES                    | G NO                  |

e. Are the standardized recipes followed as written?	<b>G YES</b>	<b>G NO</b>
f. Do you have nutrition labels for all processed items that appear on the menus for this school?	<b>G YES</b>	<b>G NO</b>
<b>5. PRODUCTION RECORDS AND NUTRIENT ANALYSIS (cont.)</b>		
g. Do you have a condiment recipe for this school or are condiments included in standardized recipes or production records?	<b>G YES</b>	<b>G NO</b>
h. Are portion sizes listed accurately for all menu items?	<b>G YES</b>	<b>G NO</b>
<b>6. U.S.D.A. DONATED COMMODITIES</b>		
a. Are U.S.D.A. donated commodities properly ordered, utilized and safely stored?	<b>G YES</b>	<b>G NO</b>
b. Are such commodities inventoried (all) once a month?	<b>G YES</b>	<b>G NO</b>
<b>7. VERIFICATION</b>		
a. Is verification completed by December 15 <sup>th</sup> of each year?	<b>G YES</b>	<b>G NO</b>
b. Type: <b>G RANDOM</b> <b>G FOCUSED</b> <b>G ALL APPLICATIONS</b>		
c. Is verification documented, including summary sheet?	<b>G YES</b>	<b>G NO</b>
d. Was each verified income recalculated and accurate? ( <i>Weekly income X 4.33 - Bi-weekly income X 2.15</i> )	<b>G YES</b>	<b>G NO</b>
<b>8. AFTERSCHOOL SNACK PROGRAM (if applicable)</b>		
a. Has each afterschool snack site been visited at least once this school year? ( <i>Two visits are required each year.</i> )	<b>G YES</b>	<b>G NO</b>
b. Does the afterschool snack program provide care for children?	<b>G YES</b>	<b>G NO</b>
c. Is there an educational and/or enrichment element in the afterschool snack program?	<b>G YES</b>	<b>G NO</b>
d. Are care and activities supervised?	<b>G YES</b>	<b>G NO</b>
e. Is there a roster of student names who participate in the afterschool snack program?	<b>G YES</b>	<b>G NO</b>
f. In area eligible sites are all children receiving snack at no charge and being claimed free?	<b>G NO</b>	<b>G YES</b>
g. In non-area eligible sites are children's snacks being recorded in the proper category (free, reduced price or paid)?	<b>G YES</b>	<b>G NO</b>
<b>9. EDITS</b>		
a. Do the free and/or reduced price meals recorded exceed the maximum number allowed (100%)? ( <i>Daily by building</i> )	<b>G YES</b>	<b>G NO</b>
b. Do the free and/or reduced meals recorded exceed the 92.9% of the maximum allowed? ( <i>Daily by building</i> )	<b>G EXCEPTION</b>	<b>G YES</b> <b>G NO</b>
<b>10. OTHER</b>		
a. Is site claiming only one lunch per child per day?	<b>G YES</b>	<b>G NO</b>
b. Is the lunch period adequate to serve all students?	<b>G EXCEPTION</b>	<b>G YES</b> <b>G NO</b>
c. Is there a written procedure for handling lost, stolen or misused tickets; or for providing meals to all children?	<b>G YES</b>	<b>G NO</b>
d. Is there overt identification of free and reduced recipients? ( <i>Use pre-paid list, coded tickets. No discrimination.</i> )	<b>G YES</b>	<b>G NO</b>

<b><u>PART III --- CORRECTIVE ACTION/GENERAL</u></b>		
<b><u>INFORMATION</u></b>	<b><u>G NONE</u></b>	
1. Corrective action plan was discussed and will be implemented by school:	<b>G YES</b>	<b>G NO</b>
2. Due date for corrective action plan: _____ ( <i>date</i> )		
3. Corrective action completed on: _____ ( <i>date</i> )		
4. Technical assistance provided: _____	<b>G YES</b>	<b>G NO</b>
5. Areas of concern/problems: _____		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <b>SIGNATURE OF PRINCIPAL</b>  <b>MANAGER/HEAD COOK</b> </div> <div style="width: 45%; text-align: center;"> <b>SIGNATURE OF</b> </div> </div>		



# STATEWIDE TRAINING PROGRAM CLASS SCHEDULE

2001

**NOTE:** All registrations must be in the MDE office before the deadline dates--  
registrations received after the deadline dates will be returned!

## SCHOOL FOOD SERVICE BASICS - 100 Fee: Member \$18.00 and Non-Member \$25.00

Location	Dates	Times
Parchment Middle School 307 North Riverview Drive Parchment, MI 49004 Deadline: January 18, 2001	February 1, 8, 15, 2001	3:00 p.m. - 6:30 p.m.
Kidder Middle School Media Center 6700 Rives Junction Road Jackson, MI 49201 Deadline: March 13, 2001	March 27, April 10 and 17, 2001	3:00 p.m. - 6:30 p.m.

## SUCCESSFUL COMMUNICATIONS - 140 Fee: Member \$18.00 and Non-Member \$25.00

Location	Dates	Times
Kidder Middle School Media Center 6700 Rives Junction Road Jackson, MI 49201 Deadline: February 17, 2001	March 3, 13, 20, 2001	13:00 p.m. - 6:30 p.m.

## PRINCIPLES OF FOOD PREP - 150 *Prerequisite: Sanitation & Safety - 120* Fee: Member \$18.00 and Non-Member \$25.00 *Each participant must bring a calculator to class.*

Location	Dates	Times
Lenawee ISD Educ. Services 4107 N. Adrian Highway Adrian, MI 49221 Deadline: February 6, 2001	February 20 & 27, 2001	3:00 p.m. - 8:00 p.m.

## SATELLITING FOODS - 204 (3 hours--not 10 hours) Fee: Member \$15.00 and Non-Member \$18.00 Prerequisites: Sanitation & Safety - 120 and Principles of Food Prep - 150 (If you have completed Principles of Food Prep-Intro - 160 or Healthy Cuisine for Kids - 500, you may substitute one of these for the #150 prerequisite.)

Location	Dates	Times
Grand Rapids Public Schools Food & Nutrition Center 1130 Race Street, NE Grand Rapids, MI 49503	April 27, 2001	9:00 a.m. - 12:00 Noon

Deadline: April 13, 2001

MERCHANDISING SCHOOL MEALS - 260

Fee: Member \$18.00 and Non-Member \$25.00

Location	Dates	Times
Farmington Schools Training Ctr. 33000 Thomas Street Farmington, MI 48336 Room #4 on Feb. 12 Room #5 on Feb. 26 Room #4 on March 12 Deadline: January 29, 2001	February 12, 26, March 12, 2001	3:00 p.m. - 6:00 p.m. (Feb. 12 & 26) 3:00 - 7:00 p.m. (March 12)

# Statewide Training Program

## Individual Registration Form

*Use one form and one check per class.*

<b>CLASS NAME:</b> _____ <b>LOCATION OF CLASS:</b> _____ <b>DATE(S) OF CLASS:</b> _____		
Last Name		
First Name		
Social Security Number		
School District Name		District #
Home Address City, Zip		
Telephone Number	Home: (     )     Work: (     ) <i>NOTE: Please enter home telephone number--it is virtually impossible to contact individuals of any cancellations through the school district when classes are held when school is not in session (i.e., summer, inclement weather).</i>	
MSFSA Membership #	Check which type of menu planning method you use: <input type="checkbox"/> Food based - traditional <input type="checkbox"/> Nutrient standard <input type="checkbox"/> Food based - enhanced <input type="checkbox"/> Assisted NSMP	\$

*Make check payable to MSFSA and mail to: Michigan Department of Education,  
Statewide Training Program--School Meals Unit  
P.O. Box 30008, Lansing, MI 48909*

*To complete your registration, we must receive a check or purchase order number by the deadline.  
You may fax this information to (517) 373-4022.*

All registrations are accepted on a first-come, first-served basis. If this class is filled, the registration form and check will be returned to you. **Confirmation letters will NOT be mailed.** Assume that you are registered unless otherwise notified.

For Michigan Department of Education Use Only	Check #	<input type="checkbox"/> School <input type="checkbox"/> Personal	Amount	\$
---	---------	---	--------	----

[Copy as necessary]

# Statewide Training Program Multi-Registration Form

*Use one form and one check per class.*

<b>CLASS NAME:</b> _____				SCHOOL DISTRICT: _____		DISTRICT NUMBER: _____	
LOCATION OF CLASS: _____				PHONE: _____			
DATE(S) OF CLASS: _____							
Last Name	First Name	Social Security #	Home Telephone #	Home Address (Street, City, Zip)	MSFSA #	Fee Per Student	
1							
2							
3							
4							
5							
Check which type of menu planning method you use: <input type="checkbox"/> Food based - traditional <input type="checkbox"/> Nutrient standard <input type="checkbox"/> Food based - enhanced <input type="checkbox"/> Assisted NSMP							
Total the right hand column and attach a separate check for this amount only.						\$ _____	

Make check payable to MSFSA and mail to: **Michigan Department of Education,  
Statewide Training Program--School Meals Unit  
P.O. Box 30008, Lansing, MI 48909**

***To complete your registration, we must receive a check or purchase order number by the deadline.  
You may fax this information to (517) 373-4022.***

All registrations are accepted on a first-come, first-served basis. If this class is filled, the registration form and check will be returned to you. **Confirmation letters will NOT be mailed.** Assume that you are registered unless otherwise notified.

<b>For Michigan Department of Education Use Only</b>	Check #	<input type="checkbox"/> School <input type="checkbox"/> Personal	Amount	\$

[Copy as necessary]

## NEW DIRECTOR TRAINING FAX BACK SURVEY

For those of you that may have missed the Basics for New Directors at Fall Conference, we will be having a workshop in Lansing on **March 2, 2001**.

We would like to know your interest in attending this workshop and also what your training needs are, so that we can tailor the training to target your needs.

New Directors: Please complete the questions below and return by January 31<sup>st</sup>.

1. As a new director, what areas would you like training on?  
(Please circle any of the following and add any you can think of.)
  - a. application agreement
  - b. free/reduced applications
  - c. commodities/reports
  - d. counting/claiming meals
  - e. special needs students
  - f. application verification
  - g. meal requirements
  - h. required record keeping
  - j. program compliance reviews (CRE and SMI)
  - k. other: please list.

---

---

---

---

2. Please contact me, I plan to attend the workshop on March 2, 2001.

Name \_\_\_\_\_  
School \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Please fax back to Linda/Jane at 517-373-4022 by **January 31<sup>st</sup>**!

THANK YOU!

THANK YOU!

THANK YOU!